## RELEASE AND WAIVER OF LIABILITY

I REQUEST PERMISSION TO PARTICIPATE IN CROSS-COUNTRY HORSEBACK RIDING WITH THE *NEW MARKET-MIDDLETOWN VALLEY HOUNDS, INC.* ("NM-MVH").

I FULLY UNDERSTAND THAT CROSS-COUNTRY HORSEBACK RIDING (WHICH INCLUDES JUMPING OVER FENCES AND OTHER OBSTACLES AND RIDING ON DANGEROUS AND ROUGH TERRAIN) IS A DANGEROUS ACTIVITY. I WISH TO PARTICIPATE IN THIS ACTIVITY KNOWING IT IS DANGEROUS. I ACCEPT AND ASSUME ALL THE RISKS OF INJURY (INCLUDING DEATH) TO ME OR MY PROPERTY.

IN EXCHANGE FOR THIS PERMISSION TO PARTICIPATE IN THIS ACTIVITY, FOR MYSELF, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES, I RELEASE AND AGREE NOT TO MAKE OR BRING ANY CLAIM OF ANY KIND AGAINST THE *NM-MVH*, OR THEIR RESPECTIVE MASTERS, OFFICERS, DIRECTORS, MEMBERS, MANAGERS, AGENTS, EMPLOYEES, STAFF OR GUESTS OR ANY LANDOWNER OR OTHER PERSON MAKING PROPERTY AVAILABLE FOR THIS CROSS-COUNTRY RIDE; FOR ANY INJURY (INCLUDING DEATH) TO ME OR ANY DAMAGE TO MY PROPERTY WHETHER FROM ANYONE'S NEGLIGENCE OR NOT, OR ANY OTHER CAUSE, ARISING OUT OF MY PARTICIPATION IN THESE DANGEROUS HORSEBACK RIDING ACTIVITIES.

BY SIGNING THIS RELEASE AND WAIVER, I UNDERSTAND THAT I AM GIVING UP ANY RIGHT I HAVE TO SUIT AND TO MAKE CLAIMS AGAINST ANY OF THOSE LISTED ABOVE (INCLUDING MEMBERS AND PARTICIPANTS) FOR ANY INJURIES I MIGHT SUSTAIN WHILE ON HORSEBACK OR FOLLOWING OR PARTICIPATING ON FOOT OR BY VEHICLE AND THAT I AM INDEMNIFYING THOSE LISTED ABOVE (INCLUDING MEMBERS AND PARTICIPANTS) FOR INJURING ANYONE ELSE OR ANY HORSE RIDDEN BY ANOTHER WHILE SO ENGAGED AND I DO SO KNOWINGLY AND VOLUNTARILY.

BY SIGNING THIS RELEASE AND WAIVER I ALSO GRANT TO NM-MVH THE IRREVOCABLE RIGHT TO USE PHOTOGRAPHS TAKEN AT ANY NM-MVH EVENT IN NM-MVH PRINTED OR ELECTRONIC MATERIALS AND PUBLICATIONS OR ON ITS WEB SITE. I ALSO WAIVE ANY RIGHT TO ROYALTIES OR OTHER COMPENSATION ARAISING FROM OR RELATED TO THE USE OF THE PHOTOGRAPHS.

SIGNATURE	DATE		
PRINT NAME			
ADDRESS	City	State	Zip
PHONE	CELL		
EMAIL			
P	PARENT OR GUARDIAN RELEASE AND WAIVER		
MY BEHALF AND ON BEHALF OF AND WAIVER OF LIABILITY LIST MINOR, TO PARTICIPATE IN HORS	OF	MINOR, I ACCEP ALLOWING MY UZE ANY EMERG	T THE RELEASE CHILD OR THIS ENCY MEDICAL
SIGNATURE OF PARENT/GUARDI	IAN	DATE	
PRINT NAME		·	-
ADDRESS/	City	State	Zip
I AM A MEMBER OF A RECOGNIZE	D HUNT CLUB THAT CARRIES A LIABILITY POI	LICY SPONSORED	BY THE

Rev. 2020

MASTERS OF FOXHOUNDS ASSOCIATION (MFHA) YES \_\_\_\_\_ NO \_\_\_\_

Event Source(NM-MVH Use Only): \_\_\_